

**RI Governor's Commission on Disabilities**  
**Form G 1. Alternate Document Reproduction Request**

<b>Return form to the Alternate Document Reproduction Center (ADRC)</b>			
<b>at the:</b>		<b>for:</b>	
Secretary of State / State House Library / Public Documents Center		copies of legislation, laws, executive orders and public documents produced by agencies housed in the State House.	
Department of Administration / Library & Information Services		copies of all other state information.	

<b>Name (of person requesting the document):</b>		<b>Date of Request:</b>

<b>Address:</b>			

<b>Phone</b>	<b>voice</b>	<b>TTY</b>
<b>daytime</b>		
<b>evening</b>		

<b>Title of Document Requested:</b>			
<b>Document Published by (or for) Department / Agency / Board:</b>			
<b>Department / Agency / Board Contact Person:</b>			
<b>Phone</b>	<b>voice</b>	<b>TTY</b>	

<b>Account to be charged for materials and labor (if any):</b>			
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<b>Format Needed:</b> <input checked="" type="checkbox"/>	<input type="checkbox"/> Braille	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Cassette
ASCII File (size):	<input type="checkbox"/> 5 ¼ diskette	<input type="checkbox"/> 3 ½ diskette	<input type="checkbox"/> LD diskette

<b>Requested Delivery Date:</b>			
<b>Delivery by:</b>	<input type="checkbox"/> e-mail	<input type="checkbox"/> Free Matter	<input type="checkbox"/> Inter-Departmental Mail
<input checked="" type="checkbox"/>	<input type="checkbox"/> Pick Up	on	(Date) at (Time)

<b>Comments / Special Requests:</b>

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***To Be Completed by the Alternate Document Reproduction Center***

<b>Priority:</b> <input checked="" type="checkbox"/>	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
<b>Initial Contact with:</b>	<input type="checkbox"/> Department/Agency	<input type="checkbox"/> ADRC / SOS	<input type="checkbox"/> ADRC / DSLS

Follow-up Log:			
Date	Action	Contact	Result

<b>Format Received from Agency on</b>	
<b>Document from Department/Agency is in:</b> <input checked="" type="checkbox"/>	
<input type="checkbox"/> ASCII	<input type="checkbox"/> DOS Text
<input type="checkbox"/> Print Only	<input type="checkbox"/> Already on file in Alternative Format

Time Log:		
Date	Time	Activity
<b>Total:</b>		
Charges (if necessary)@/unit:	# of units	Totals
\$ 1.00 / page		\$
\$20.00 / hour		\$
\$0.30 / Braille Page		\$
\$0.10 / Large Print Page		\$
\$1.00 / diskette		\$
\$1.00 / audio cassette		\$
Other charges: (describe)		\$
	<b>Total:</b>	\$

<b>Interdepartmental Transfer Form or Invoice #</b>		<b>Date Sent to Agency</b>	
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